

SIT / OHI Basics

Presented by TMA UBO Program Office Contract Support

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- Know what the Standard Insurance Table (SIT) is
- Understand the importance of the SIT and how the SIT is used to collect reimbursement
- Learn how to use the SIT appropriately
 - Know how to avoid common data entry errors when adding a new SIT entry
 - Know how to update Placeholders
 - Know how to correct loss of connectivity with DEERS
- Know where to find resources





- DoD Third Party Collections (TPC) program activities involve the billing of health insurance plans, or agreements, on behalf of beneficiaries for both Inpatient and Outpatient treatment provided in Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), to the fullest extent allowed under 10 U.S.C. 1095
- Inpatient Third Party Collection Program (TPCP) is currently supported by the Composite Health Care System (CHCS)
- Outpatient TPCP is supported by the Third Party Outpatient Collection System (TPOCS)



What is the SIT?

- Centralized database of commercial Health Insurance Carriers (HICs) and their claims addresses and the types of coverage (comprehensive, medical, pharmacy, dental, vision, etc.) that each HIC offers
- Excludes insurance companies billed only under Medical Affirmative Claims (MAC) and Medical Services Account (MSA) Program

Where is the SIT?

- Located in the Defense Enrollment Eligibility Reporting System (DEERS) and
- In the local CHCS server



Why is the SIT important?

- Allows MTFs to bill Other Health Insurance (OHI) for services rendered
- SIT and OHI information is shared with Direct Care and Purchase Care
- Allows for straightforward changes to the Local SIT
- Increases potential for Third Party Collections



SIT/OHI Program Purpose

- To standardize and centralize SIT and OHI data across the MHS information systems (i.e., CHCS, TPOCS, DEERS, Defense On-Line Enrollment System (DOES), and Pharmacy Data Transaction System (PDTS))
- The centralization of SIT data allows for insurance company claims addresses to be managed and standardized throughout the MHS



What information is needed?

- Other Health Insurance (OHI)
- OHI resides in a separate database in DEERS
- OHI starts the SIT process

Where is OHI obtained?

- DEERS OHI Search/Eligibility
- DoD Form DD 2569 (update annually)
- Insurance Card
- Beneficiary (patient)
- Other





How does it work?

- SIT has the valid Health Insurance Company (HIC) name and claims address
- Other Health Insurance (OHI) has the individual's third-party health insurance policy information
- OHI policy is "pointed" to the appropriate HIC address



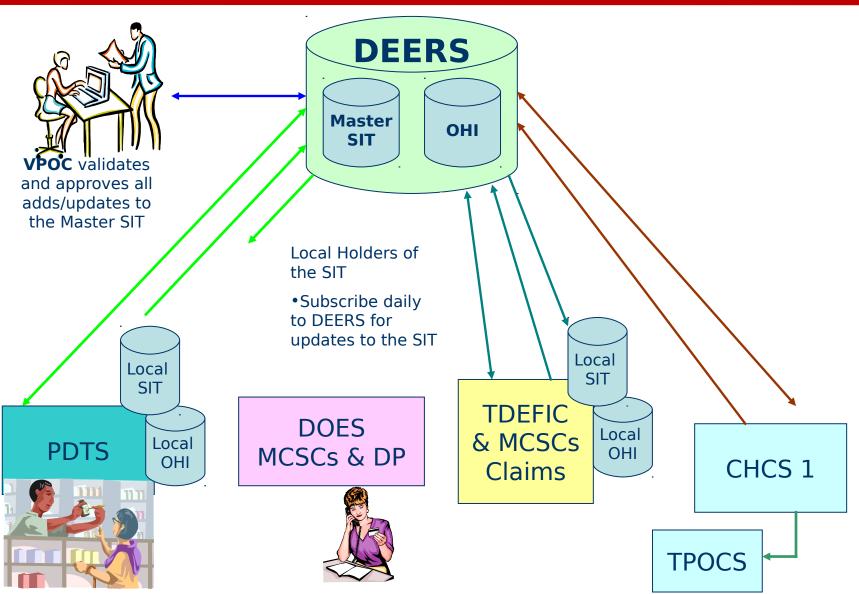


How is the SIT accessed?

- The business office staff enters a new SIT and OHI data in the local CHCS
- The HIC and OHI data are transmitted hourly to DEERS
- Bi-directional flow of information
- Worldwide access



Information Flow





You have OHI so...

What's Next?



Composite Health Care System Screens



CHCS Menu Screens

CFS	Common	Files Supp	olementary	Menu
-----	--------	------------	------------	------

DEP Department and Service File Enter/Edit

HOS Hospital Location File Enter/Edit

HPN Host Platform Name Enter/Edit

MCD Medical Center Division File Enter/Edit

MTF Medical Treatment Facility File Enter/Edit

PRO Provider File Enter/Edit

STM Standard Insurance Company Table Menu

UIC UIC Management Menu

ZIP Zip Code File Enter/Edit

ACT Inactivate/Reactivate File Entries

Select Common Files and Tables Maintenance Menu Option: **STM**

SIT Standard Insurance Company Table

VIC View Attorney Data

ATT Attorney Enter/Edit

REP Attorney Report

Select Standard Insurance Company Table Menu Option: SIT



Standard Insurance Table

- Menu Options for UBO Staff
 - Add, Update, View, Cancel, Deactivate,
 Report, Subscribe, TPOCS, Exit

Menu Options, cont.



- Add
 - Heath Insurance Carrier (HIC) or coverage
 - First, do a partial look-up to see if company or coverage is already on the local CHCS SIT table
- Update
 - Allows user to update any new information
- Cancel
 - Opportunity to cancel an entry if you make a mistake
 - Must be in an unverified state
- Deactivate DO NOT use this option





Specific HIC Fields



- HIC ID Aetna of California = AETCA0001
 - Assigned by DEERS
 - Cannot be edited
 - Composed of:
 - first 3 characters of insurance company's name
 - PLUS 2-character state abbreviation
 - PLUS 4-digit number assigned by DEERS





Coverage-Type Codes

- XM= Comprehensive Medical (default)
- MD = Medical
- DN = Dental
- IP = Inpatient
- OP = Outpatient
- LT = Long Term Care
- RX = Pharmacy
- MH = Mental Health
- VI = Vision
- PH = Partial Hospitalization
- SN = Skilled Nursing

Payer-Type Codes

- B = Both Institutional and Professional (default)
- I = Institutional Only
- P = Professional Only
- N = Non billable





HIC Status Code

HIC Verification Status

- S = Standard (already D = verified)
- T = Temporary
- D = Deactivated
- P = Placeholder (not enough information)
- C = Cancelled

- Standard (already D = Unverified Data (OHI)
 - U = Unverified Carrier
 - V = Verified



Completed HIC Add Screen

Standard Insurance Table

Insurance Company Name: Aetna Health Care

Additional Description: State School System

Carrier Website: www.aetna.com

Customer Service Email: www.customer.aetna.com

HIC Status Code: T (Temporary)

HIC Verification Code: U (Unverified)

Coverage/Payer Type: XM/B (Medical – Inst/Prof)

HIC Loc Commt: Local MTF

HIC Std Commt: VPOC (Verification POC)



Completed Cov Add Screen

SIT ID: AETCA0034

STANDARD INSURANCE COMPANY

ADD INS CO

Insurance Company Name: AETNA HEALTH CARE

Coverage Type: MEDICAL

Payer Type Code: B (BOTH) INSTITUTIONAL AND

PROFESSIONAL

Coverage Status Code: T Coverage Verification Status: U

ATTN:

P.O. Box/St Address:

Zip Code:

State/Country:

City:

Phone Number:

FAX Number:

Medical Claims

PO BOX 246

92121 Zip Ext:

CALIFORNIA

SAN DIEGO

8581021928 Phone Ext:



Point of Contact (POC) Screen

Last Update System Name: System name of current

user

defaults here

Last Update User Name: Current user name defaults

here

Last Update User Phone: 7035751710 (Commercial

numbers only; no dashes, dots, or symbols)

Ext: 1234

Last Update User E-mail: POC@altarum.org



OHI New Coverage Fields (CHCS)

Insurance Type Code

and

Claim Filing Code



CHCS OHI Sample Screen

OTHER HEALTH INSURANCE

Patient: Doe, John FMP/SSN: 02/000-00-0000 Patient SSN: 000-00-0000 Patient Category: USA FAM MBR AD

HCDP: TRICARE PRIME FAMILY COVERAGE DMDC Pat ID: 00000000000

Region Code: Sex: MALE

> DOB/Age: 04 Jul 1776 PCM:

Insurance Company: Cigna

Policy Id: Card Holder Id:

Policy Id: Card Holder Id:
Policy Eff Date: End Date: End Reason:
Ins Type Code: CI Claim Filing Code: 09 Policy Obsolete?|: NO

Precert Comments:

Eff Date End Date Coverage Type Payer Type Rank

COMPREHENSIVE MEDICAL BOTH INST & PROF

PRIMARY

Policy Last Modified: Policy Txn Sys:



Insurance Type Codes

```
LT = Litigation
CI = Commercial
                        MB = Medicare Part B
     (default)
CP = Medicare
                        MC = Medicaid
                        MI = Medigap Part B
     Conditionally
     Primary
                        MP = Medicare Primary
                            = Other
GP = Group Policy
       (Self funded
                        PP = Personal
       /employer-
                              Payment
   based)
                            = Supplemental
                        SP
HM =
       HMO
                              Policy
AP = Auto Policy
IP = Individual Policy
       Long-Term Policy
LD =
```



Claim Filing Code Values

```
= Self-pay (default,
should not be used for the
09
                                                  Automobile Medical
                                      \Delta M =
                                                  Blue Cross/Blue
                                      BL =
   MHS)
                                        Shield
            Central Certification
10
                                      CH =
                                                  CHAMPUS
            Other Non-Federal
11
                                      CI
                                                  Commercial
   Programs
                                        Insurance Co.
            (Self insured
                                                  (Aetna, Cigna, etc.)
   programs, etc.)
                                                  Disability
                                      DS =
12
            Preferred Provider
                                      HM =
                                                  Health
            Organization (PPO)
                                        Maintenance
            Point of Service
13
                                                  Organization
   (POS)
                                                  Liability
                                      LI
            Exclusive Provider
14
                                                  Liability Medical
                                      LM =
            Organization (EPO)
                                      MB =
                                                  Medicare Part B
            Indemnity Insurance
15
                                      MC =
                                                  Medicaid
   (Old
                                      OF =
                                                  Other Federal
            traditional policies)
                                        Program
            Health Maintenance
16
                                                  (use for Medicare)
            Organization (HMO)
                                                  Title V (Medicare
                                      TV =
   Medicare
                                        Maternal
            Risk
                                                  Child program)
                                                  Veteran
                                      VA =
                                        Administration
                                                  Plan
                                      WC =
                                                  Workers'
```



Pharmacy Entries





Pharmacy coverage under a Carrier

HIC Name/Carrier: First

Choice

HIC ID: FIRVA

0001

Coverage Type: RX

As a Carrier (HIC) Pharmacy Benefit Mgr (PBM)

HIC Name/Carrier:

Express Scripts

HIC_ID: EXPVA0001

Coverage Type: RX



Pharmacy BIN and PCN

- New pharmacy (RX) numbers on insurance card usually located in the lower right corner
 - Billing Identification Number (BIN)
 - Number is placed in the Attention line for paper claims
 - Processing Control Number (PCN) (requested sometimes)
- Some duplicate RX HICs must be added because of electronic billing requirements



Basic Rules / Data Quality

- Spell out entire name of insurance carrier
- Avoid use of acronyms unless actual name
- No punctuation, symbols, hyphens
- Include Point of Contact (POC) name and commercial telephone number
- Include valid insurance carrier telephone number (no commas, periods or symbols)
- Be specific in the Attention (Attn) Line
- Do not add any insurance carriers billed only under Medical Affirmative Claim (MAC) or Medical Services Accounts (MSA)
- For "Out of State Claims" (Attn Line), use the state
 HIC where the health care services were rendered



Remember to:

- Query the local CHCS SIT table first before adding a new entry to avoid duplicates
- Use the commercial telephone number for POC
- Obtain a valid insurance carrier telephone number
- Use local comment field for additional information
- Cancel an entry when it is a mistake
- Do not deactivate any Health Insurance Carriers (HICs)
- When in doubt, contact the VPOC



Common HIC Entry Errors

- Incomplete queries with duplicate HIC entries
- Insurance carrier name is abbreviated
- Use of "RX" prefix: "RXAetna" for insurance carrier
- Use of commas, periods, symbols: 1.800.234.5678 or 1-800-234-5678- It should look like: 18002345678
- Use of DSN instead of commercial telephone number
- Invalid insurance carrier telephone number
- Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy (RX)
- Failure to "cancel" an incorrect entry





Placeholders:

- Temporary OHI entry with preliminary/incomplete payer information
- The word "Placeholder" or either one or a series of
 9s is entered into the Insurance Payer field
- Managed Care Support Contractors routinely create Placeholders as a method to identify potential OHI
- UBO staff is discouraged from using Placeholder as a valid SIT/OHI entry



Other Common Issues, cont.

- Loss of connectivity with DEERS:
 - What is the usual activity?
 - There is an hourly subscription inquiry from DEERS to CHCS to update the SIT information
 - Why did it happen?
 - MTF did not subscribe to DEERS during a 7-day period, and local CHCS became out of sync with the central SIT
 - How it is identified?
 - MTF is unable to see current HICs on SIT

UBO TRICARE Management Activity Uniform Business Office

Connectivity Resolution

- MTF must request a full subscription:
 - Menu path: DAA -> CFT -> CFM -> STM -> SIT -> Subscribe action (requires the DOD SIT MGR security key)
 - Select the DOD HIC Full Inquiry secondary menu option
 - Answer "yes" to the question, "Proceed with Full Subscription?"
 - The system will confirm that a Full Subscription has been tasked
 - The data returned from DEERS will be integrated automatically into CHCS



Verification Point of Contact (VPOC)



- Verifies all HIC information
- Ensures data quality prior to verifying a new SIT entry
- Contacts user POC for any questions
- Updates, Adds, Restores, and Rejects an entry





Sample HIC Entries for Review Using VPOC Screens





Add Verification: Search

HIC ID	COV	PYR	HIC NAME	ADDRESS	CITY	STATI	E ZIP
ACOWV0006	MD	В	ACORDIA NATIONAL	P O BOX 11522	CHARLESTON	WV	2533
AETKY0037	RX	В	AETNA	P.O.BOX 14024	LEXINGTON	KY	40513
AETKY0038	RX	В	AETNA US HEALTHCARE	P. O. BOX 140224	LEXINGTON	KY	40513
AETKY0039	RX	В	AETNA US HEALTHCARE	P.O. BOX 14024	LEXINGTON	KY	40513
AETTX0051	RX	В	AETNA HEALTHCARE	PO BOX 686005	SAN ANTONIO	TX	7826
AIGDE0002	XM	В	AIG	PO BOX 15701	WILMINGTON	DE	1985
AIGNY0001	XM	В	AIG WORLD SOURCE	80 PINE STREET 8TH FLOOR	NEW YORK	NY	10009
AMETX0021	RX	В	AMERICAN ADMINSTRATIVE GROUP	320 S POLK, STE. 200	AMARILLO	TX	7910
APWMD0004	RX	Р	APWU HEALTHCARE PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	2106
APWMD0005	RX	Р	APWU PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	2106
ARGMO0022	RX	В	ARGUS PHARMACY	PO BOX 419019	KANSAS CITY	MO	6414
BCBAZ0052	RX	В	BCBS	PO BOX 52136	PHOENIX	AZ	8507:
BCBCO0003	MD	В	BCBS OF COLORADO	PO BOX 173680	DENVER	CO	8021
BCBKY0016	RX	В	BCBS OF ALABAMA	PO BOX 14711	LEXINGTON	KY	40513
BLUCA0039	MD	Р	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	9592
BLUCA0039	RX	В	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	9592
BLUCA0083	XM	В	BLUE CROSS OF CALIFORNIA	PO BOX 12020	BAKERSFIELD	CA	9338
BLUOK0006	XM	В	BLUE CROSS BLUE SHIELD OF OKLAHOMA	PO BOX 21128	TULSA	OK	7412



Example

* HIC Name:	GEHA CONNECTION [^
Standard Comment:			
Website Address:	www.GEHADENTAL.cc	Cust. Service E-mail:	
* POC Full Name:	DOE A. JOHN	POC Contact E-mail: JOHN.DOE@AFIMIL	
* POC Telephone No:	1800849	POC Telephone No Ext.:	
Cross Ref ID:			
HIC Coverage:	483		
* Coverage Type Code: XIM		* Coverage Payer Type Code: B	
Mailing Address:			
Attention:			
* Address:	P.O. BOX 3289		
* City: [SNA ANTONOI	State Code: TX	
Zip Code:	78268	Zip Ext.:	
* Country Code:	US		
Standard Comments:			
* Telephone No:	18006240756	Ext.:	
Fax:			



Example

HIC Carrier:

HIC ID: LABMD0007

Ver. Status Code: U

Ver. Status Date: 2007-01-11

* HIC Name: LABORERS NATIONAL HEALTH

Standard Comment:

Website Address: UNKNOWN

Cross Ref ID:

* POC Full Name: PGBA LLC

* POC Telephone No: 8778742273

Status Code: T

Ver. System Name: TNEX SOUTH

Ver. Status Time: 17:20:07

Local Comment:

Cust. Service E-mail: UNKNOWN

POC Contact E-mail: MYTRICARE.COM

POC Telephone No Ext.:

HIC Coverage:

* Coverage Type Code: XM

Status Code: T

Ver. Status Date: 2007-01-11

[°] Coverage Payer Type Code: B

Ver. Status Code: U

Ver. Status Time: 17:20:07

Mailing Address:

Attention: WELFARE FUND

* Address: 5565 STERRETT PLACE #210

* City: COLUMBIA

Zip Code: 21044

* Country Code: US

Standard Comments:

* Telephone No: 8002355805

State Code: MD

Zip Ext.: 1100

Local Comments:

Ext.:



- If you notice a problem with CHCS:
 - Try to identify a pattern
 - Provide examples or screen shots. DO NOT send any PHI/PII information to the Help Desk. Blocking information out in screen shots is insufficient.
 - Contact the VPOC helpdesk
 - If not resolved, contact TMA UBO helpdesk





TMA UBO Helpdesks

vpoc.helpdesk@altarum.org

UBO.helpdesk@altarum.org 703-575-5385

UBO Website

http://www.tricare.mil/ocfo/mcfs/ubo/sit_ohi.cfm









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